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028995 7590 05/28/2004

RALPH E. JOCKE
231 SOUTH BROADWAY
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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/288,685	04/09/1999	DAVID T. FREDERICK	D-1108	7773

TITLE OF INVENTION: MEDICAL CABINET WITH ADJUSTABLE DRAWERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAPIRO, JEFFERY A	3653	700-236000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 RALPH E. JOCKE
2 DANIEL D. WASIL
3 WALKER & JOCKE

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

MEDSELECT, INC.

CRAANBERRY TOWNSHIP, PENNSYLVANIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

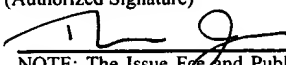
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(Authorized Signature) 	(Date) <u>7/29/2004</u>
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